

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

MS1973

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - <u>12 000</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>PETER</u> <u>THOMASSEN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>395 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NYS</u> ZIP Code + 4 <u>10014 4</u>	4. Name, file number, and address of labor organization. Name <u>NYC DISTRICT COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>032922</u> P.O. Box, Building and Room Number, if any _____ Street <u>395 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NYS</u> ZIP Code + 4 <u>10014 F</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NYC CARPENTER TRUST FUNDS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>395 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NYS</u> ZIP Code + 4 <u>10014 4</u>	7.a. Nature of Interest, Transaction, or Income. <u>TRUST FUND MEETINGS</u> <u>MEALS AND REGISTRATION FOR</u> <u>INTERNATIONAL FOUNDATION CONFERENCE</u> <u>- SEE ATTACHED -</u> 7.b. Amount. <u>\$ 1819.45</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Peter Thomassen

On

8-15-04

Date

Telephone Number

NYCDC of Carpenters Benefit Funds
 Conferences paid for the period covered
 1/1/04-12/31/04

Name	Check Date	Purpose	Type	P. Thomassen
The Westin Diplomat Resort & Spa	5/20/2004	Trustee mtg	Meals	\$72.62
American Express (Jasna Polana June-July 04)	7/29/2004	Trustee mtg	Meals	\$50.40
		Trustee mtg	Hotel	\$225.35
International Foundation - Conference (Sept 2004)	8/5/2004	IFEB Conference	Regis. Fee	\$915.00
American Express (IFEB Conference)	12/28/2004	IFEB Conference	Meals	\$48.13
Dorai Arrowwood (October 2004)	12/29/2004	Trustee mtg	Hotel	\$385.00
Dorai Arrowwood (October 2004)		Trustee mtg	Meals	\$56.04
	Total			<u><u>\$1,752.53</u></u>

Retirement Fund
 Conferences paid for the period of
 1/1/04-12/31/04

The Westin Diplomat Resort & Spa	5/20/2004	Trustee mtg	Meals	<u><u>\$66.92</u></u>
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Peter Thomassen

Name of Person Filing PETER THOMASSEN	File Number U- 032922
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LAZARD FRERES ASSET MANAGEMENT**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **30 ROCKEFELLER PLAZA**
City **NEW YORK CITY**
State **NYS** ZIP Code + 4 **10630 4**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **NYC CARPENTERS TRUST FUND**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **395 HUDSON STREET**
City **NEW YORK CITY**
State **NYS** ZIP Code + 4 **10614 4**

11.a. Nature of such dealing.

9/21 - INVESTMENT MEETINGS \$130
12/3 - INVESTMENT MEETINGS \$274.40

11.b. Approximate dollar value of such dealings

\$404.40

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

PETER THOMASSEN

File Number U-

032922

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ALLIANCE BERNSTEIN

Trade Name, if any:

P.O. Box, Bldg. Room No., if any

Street 1345 AVE. OF THE AMERICAS

City NEW YORK CITY

State NYS

ZIP Code + 4 10105 7

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NYC CARPENTER TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg. Room No., if any

Street 395 HUDSON STREET

City NEW YORK CITY

State NYS

ZIP Code + 4 10014 4

11.a. Nature of such dealing.

INVESTMENT MEETINGS ON:
2-19-04 - \$154 -
7-1-04 - \$189 -

11.b. Approximate dollar value of such dealing.

\$ 343.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg. Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment